Exhibit E Excerpts from Abbott Daubert Hearing Transcript

Exhibit to the March 12, 2010 Motion *In Limine* to Exclude Certain Expert Opinions Proffered by Plaintiffs' Expert Dr. Mark G. Duggan

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IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS	1 INDEX
IN RE:)	2 WITNESS DIRECT CROSS REDIRECT RECROSS
) CA No. 01-12257-PBS PHARMACEUTICAL INDUSTRY AVERAGE) CA No. 06-11337-PBS WHOLESALE PRICE LITIGATION) Pages 1 - 98)	3 4 MARK G. DUGGAN 5 By Mr. Lavine: 25 6
	EXHIBITS PAGE 7
DAUBERT HEARING - DAY ONE	8 1-For ID 66
BEFORE THE HONORABLE PATTI B. SARIS UNITED STATES DISTRICT JUDGE	9
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United States District Court	13
1 Courthouse Way, Courtroom 19 Boston, Massachusetts	15
December 10, 2009, 2:10 p.m.	16
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LEE A. MARZILLI	20
OFFICIAL COURT REPORTER United States District Court	21 22
1 Courthouse Way, Room 7200	23
Boston, MA 02210 (617)345-6787	24
Page 2	25 Page 4
1 APPEARANCES:	
2	PROCEEDINGS THE CLERK: In Re: Pharmaceutical Industry Average
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Attorney, United States District Court, Suite 9200, 4 1 Courthouse Way, Boston, Massachusetts, 02210.	4 will now be heard before this Court. Will counsel please
5 MARK A. LAVINE, ESQ. and ANN ST. PETER-GRIFFITH, ESQ.	 identify themselves for the record. MR. HENDERSON: George Henderson for the United
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14 for Abbott Laboratories.	17 Massachusetts.
15 16	18 MS. BROOKER: Renee Brooker, U.S. Department of
17 18	19 Justice, Civil Division, Commercial Litigation Branch in
19	20 Washington.21 THE COURT: That's a mouthful.
20 21	MR. DALY: Good afternoon, your Honor. James R. Daly
22 23	23 on behalf of Abbott Laboratories.
24	MR. TORBORG: David Torborg on behalf of AbbottLaboratories.

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So if I thought, well, you know, those 38, it's just going to be true that they have much more aggressive MAC programs in effect, I would have expected the opposite in a big way. But, you know, it's basically half the time: 24 more often than not, 24 out of 44 cases, and 23 out of 44 when we drop Ohio; the average amount paid is higher in the 38 than in the 10, suggesting it's not true. And you can -- I'm sure there are examples, so --

THE COURT: But on the other part, is the drop dramatic? In other words, you seem to think it all works out in the wash.

THE WITNESS: Washes out.

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THE COURT: Some term like that. But if one's only slightly higher -- if the majority is more likely the slightly higher and then the remaining are dramatically lower, what do I do with that?

THE WITNESS: I don't have those numbers right here in front of me, but what I can tell you is that those products, those 24 out of 44, account for 75 percent of the spending. So the ones where the 38 appear to be -- you know, I don't want to make a huge amount -- it's just they're on average quite comparable. If anything, it looks like, for more products and for more Medicaid spending, the average amount paid per claim is higher in the remaining 38. And I hope that I'll get a chance today to talk about some analyses that I've done in

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recent months going out of samples. So let's go to some of those 38 and see how they're --

THE COURT: So but the big difference between the state and CMS data is, you don't get the MACs spelled out and you don't get the differences in dispensing fees fleshed out. Is there anything else that's materially different between the two data seats for our purposes?

THE WITNESS: No. Those are the key ones.

THE COURT: Those are the two key ones? And so if you have just the CMS claims data and you don't have the state data, that would be the question mark. If you have the state data, you could go back and double-check and find out?

THE WITNESS: That's true, yes.

THE COURT: So since we have the state data in 30, if we had to, and I know it wouldn't be a joyful task, but if we had to, you could at least analyze 20 more states along the same lines that you've done for the ten?

THE WITNESS: And fortunately, I don't know that 20 more is -- I think we're in the 20s as opposed to at 30, but fortunately, for the 9 states within the 38 for which we had the most data, I've since done some analysis.

THE COURT: I see, so beyond the initial 10?

23 THE WITNESS: That's right.

24 THE COURT: I see.

THE WITNESS: And so we can assess that.

1 THE COURT: All right. I've stopped hija

THE COURT: All right. I've stopped hijacking your witness. All right, go ahead.

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MR. LAVINE: Thank you, although I can tell that he wants to continue with that exact point.

Q. Describe a little more about the 9 that you were discussing.

MR. DALY: Your Honor, I'd like to interpose an objection. The situation is this: Dr. Duggan has -- well, we just got some new analysis that he did last Monday after Thanksgiving. He's already filed four expert reports. He filed an original, he filed a supplement, he filed a rebuttal. He filed an affidavit in support of summary judgment. This hearing has been set for a couple months, and, you know, a wee before we're coming in here, we get some new apparently very extensive examination that we've had some opportunity to look at, but by no means the opportunity to dig in and find out what it is that he did.

THE COURT: Well, that objection is overruled. If you need a little extra time to have your expert look at it and respond to it, of course I will allow that.

MR. DALY: Thank you, Judge.

Q. Sorry, go ahead, describe the analysis with respect to the9 and the outcome of that.

A. So basically I sort of -- the initial report, and there was a subsequent revision to it, just that revised the numbers

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a little bit, sort of I really tried in that initial report to
 make it very clear where the big number, the 65 or, you know,
 whatever the large number was, where they were coming from by

giving state-by-state summaries and in some cases multiple
 summaries for each state. And so it is straightforward to look

6 at the initial report and the subsequent revision, the table, a

7 couple of the tables, to see, what did my extrapolation

8 methodology predict for the state of, for example,

Pennsylvania? What did it predict for the state of Virginia or
 Texas and so forth? Because these are states for which I had

state-produced claims data but did not -- they weren't included in the original 10. They were not in the original 10, but

these new 9, how does the extrapolation methodology fare?So, for example, in the state of Pennsylvania, my

So, for example, in the state of Pennsylvania, my extrapolation methodology said 1.2 million, just rounding to the nearest --

THE COURT: The difference?

THE WITNESS: Yes, the federal difference. My extrapolation methodology said 1.2 million. And here I'm going to round just to the nearest 100,000 so --

THE COURT: Sure.

THE WITNESS: And the amount doing a claim-by-claim analysis -- that's apples to apples with the ones that I did for the other 10 states -- 1.1. So it was a little higher for that one of the 38.

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Page 37 1 For Virginia, 0.9 and 0.9. 1 2 For Texas -- and Texas actually is interesting because 2 3 3 that was one of the states that Abbott counsel criticized me a 4 lot for not including them in the original sample -- my 4 5 methodology yielded 0.9 million, and the claim-by-claim 5 6 analysis yielded 0.9 million, in fact slightly higher with the 6 7 claim-by-claim analysis. 7 8 8 MR. LAVINE: I'm sorry, Judge, I should have pointed 9 9 out these numbers are in the last page of Tab E. 10 THE WITNESS: They're in Tab E. 10 THE COURT: All right, give it --11 11 and customary. 12 12 MR. DALY: Thank you. 13 THE COURT: This is very useful, but you don't have 13 14 14 it, right? 15 15 MR. DALY: Right. 16 THE COURT: Is this what he got last Monday? 16 17 MR. LAVINE: Yes. The only materials contained in 17 18 here are copies of the materials already produced. 18 19 THE COURT: Do you have an extra one for my law clerk, 19 20 since you seem to have volumes back there? 20 21 MR. LAVINE: Sure. 21 22 THE WITNESS: So should I resume? 22 23 THE COURT: Yes. 23 24 THE WITNESS: So here you can see a detailed, the side 24 25 by side of each of the 9 states. And aggregating across the 25 9 states, my methodology predicted a federal difference of 1 1 2 2 6.4 million, and the claim-by-claim analysis yielded a 3 difference of 6.0 million, off by 6 percent, approximately 3 4 6 percent. 4 5 5 I will concede that it was a little higher, that my 6 methodology was a little higher than, like, then the amount 6 7 that is sort of apples to apples with the amounts from those 7 8 8

And so it turns out that these 9 states pay usual and customary somewhat more than the remaining 29. So part of the reason that I'm off here at all -- I mean, I don't expect it to be exact to the dollar, but part of the reason that I'm off a little appears to be this, this difference between those 9 and the overall 38. But I guess it's useful to know that those remaining 29 look more like the original 10 than these 9, but in any case, it's very much --

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THE COURT: How do you know that?

THE WITNESS: In terms of this dimension of this usual

THE WITNESS: How do you know the remaining -- in other words, why wouldn't it make sense just to shift down you extrapolation 6 percent in all the other --

THE WITNESS: Six percent across the board. So I guess there would be a couple ways one could do this. One could say, I'm going to shift down the extrapolation by 6 percent, or, alternatively, that instead of using 10, I'm going to use 19 in predicting. So that would end up shifting down the remaining by about 3 percent, if you do sort of a back-of-the-envelope calculation.

But suppose even you did the 6 percent, you adjusted down the remaining dollars by 6 percent. So here we're talking about I'm off by about \$400,000. If you revised down the remaining amounts by 6 percent, the effect of that is less than

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original 10 states, and so I was curious about that, why is that true? So I drilled down a little bit on those 9 states, and what I found was that in these 9 states, a little more often -- so if you look between the 38 states and the 10 states, the frequency with which the two groups pay usual and customary is almost identical. It's like 24 percent for the first 10, 25 percent or 24 point something percent for the other 38.

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Why does the usual and customary share matter? Well, the differences tend to be lower on claims where usual and customary is paid, and I think it's best for me to give an example. Suppose a formula suggests 60, but a provider charges 40, and my methodology says 15, okay, that if you use the Abbott prices and you plug them into the Medicaid methodology, you get 15, if the usual and customary were higher, then the difference would be 60 minus 15, 45. But if the usual and customary is getting paid, the difference is going to be smaller, 25, a little bit smaller.

a million. So taken together, it is I think about 1.3 million. It's 0.4 and 0.9 would be the adjustment. So if one were to apply the 6 percent across the board to the remaining 29 states, it would lower it by about -- the overall difference from -- and let me just see if I have the --

THE COURT: Well, would that be a reliable methodology, to take the 6 percent and apply it across the other states?

THE WITNESS: Part of the reason that I drilled down in the way that I did was to see, are these 9 -- it looks like these 9, you know, paid the usual and customary a bit more often than the remaining 29, who actually pay usual and customary less often than the remaining 10. So I still think a more accurate estimate of the total difference for those remaining 38 would be the other number, but it's not -- it wouldn't be -- it would be --

THE COURT: Well, would there be a way of going into these other states and seeing whether their usual and customary reflects these additional 9?

THE WITNESS: Right, so I think I've actually done --THE COURT: You've done that.

THE WITNESS: Yes. So the usual and customary for these 9, the statistic that I recall right here is about 27 percent of the time they're paying usual and customary, versus about 24 percent for the first 10, versus less than

Page 81 Page 83 1 THE WITNESS: These carriers, the Wisconsin Physicians 1 of a lot of cases where they're above the median, but this is 2 where I have the data versus the carriers where I don't have 2 just a measure of the intensity. 3 3 the data, it is clear -- and you can imagine there was a THE COURT: So a sixth don't -- only a sixth are AWP 4 considerable amount of work that went into figuring out, is 4 of the other --5 this an Abbott, are these Abbott AWPs or not? And, you know, 5 THE WITNESS: Of Abbott, yes. 6 there are some cases, some example here or there where in the 6 THE COURT: Of the other five-sixths, how do you 7 same quarter an Abbott product had the same AWP as another 7 figure out whether Abbott matters? 8 8 product, but that's going to happen in both data sets. I can THE WITNESS: Right, so the assumption, the 9 9 tell you from having looked at dozens and dozens of arrays that identifying assumption here is that the pattern that holds 10 Abbott AWPs are often the median. And so --10 within the arrays for which I have information, so for every 11 THE COURT: You said a quarter of the time, right? 11 one time -- I don't have this number right here in my head, but 12 THE WITNESS: A quarter of the time, that's right. 12 suppose that for every one time that an Abbott AWP is the 13 And so I basically take the results for those initial carriers 13 allowed amount, there are two where they -- two different 14 14 and scale them -- so rather than taking that difference ratio claims where they're not the allowed amount, but they affect 15 for the initial group of carriers, I scale it down by 15 but affect -- changing their AWP affects the reimbursement 16 approximately a third. 16 amount. 17 17 THE COURT: Where did you get that? THE COURT: They're higher than the array. 18 THE WITNESS: They're higher than the median, right. THE WITNESS: Or a fourth. It's basically it 18 19 19 represents the --THE COURT: So you're just assuming that that's gong 20 THE COURT: Where are we? 20 to be the same --21 THE WITNESS: We're in the neighborhood of Page 124 of 21 THE WITNESS: That pattern holds for the remaining -22 the report. 22 THE COURT: That the pattern holds. And how do you THE COURT: That's the first --23 23 test that to see if it's true? MR. LAVINE: Tab B. 24 24 MR. LAVINE: Can I just slip in one question? 25 25 THE COURT: All right. MR. DALY: No. Page 82 Page 84 THE WITNESS: So in Equations 10 and 11 on Page 125 1 1 MR. LAVINE: It will help. 2 2 I'm describing here basically how I'm calculating the Q. Where you did have the arrays, how often was there an 3 3 difference for J-Code J and Carrier K over the period of Abbott product, an Abbott AWP? 4 interest. So I apologize, I don't want to forget the equation. 4 A. The vast, vast majority of the cases when, for these 5 5 So just the big picture -sodium chloride and these vanco J-Codes, when there is an 6 THE COURT: Others are probably more astute right now. 6 array, an Abbott product is in there, so the vast, vast 7 7 I'm counting on my law clerk who wasn't sitting through this majority of cases. And it is true, I mean, one can see from an 8 trial this morning. So just in plain English, you've got a 8 examination of -- if one looks at Table 43, so this is also 9 quarter that are the same. 9 after Tab 1 --10 THE WITNESS: Yes. 10 O. The next-to-the-last exhibit for that tab. 11 THE COURT: So you can extrapolate across the 11 THE COURT: All right. 12 A. So for Connecticut General, you see the first line there 12 carriers. 13 THE WITNESS: Right. A quarter in my sample have 13 summarizes the results of the analyses for the J-Code quarters 14 14 Abbott AWPs. A sixth or less -- I'm getting the numbers where I have array information. I have data for the whole 15 confused, but less for the other sample. So I've got a sample; 15 eleven years, but for Connecticut General, there are about 16 there's a population. For the other carriers where I don't 16 540,000 claims in that last five-year period in which 17 17 have arrays, they have Abbott AWPs less frequently. the -- 540,000 claims, okay, for the five J-Codes that I'm 18 THE COURT: So it's only a sixth of the ones you don't 18 considering that are listed in the title of the table. 19 have the data for are actually compensating at what the Abbott 19 Now, of those, if you look one column to the left, you see 20 one is? 20 about 470,000 claims in which paid amount would fall if 21 THE WITNESS: Exactly. And I should note that for 21 Abbott's AWPs were replaced by 125 percent of the average 22 every time that an Abbott AWP is the median, there are more 22 pharmacy. So that's 86 percent of claims where there's 23 than two where they're above the median and affected. Do you 23 differences greater than zero, okay. 24 see? So it's not like by knowing -- it's not like only in one 24 Now, going back to that 24 percent, now, remember, the 24

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in four cases is Abbott affecting the median. There are a heck

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isn't Connecticut General specific, but suppose it was. So

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1 24 percent of the time Abbott's AWP is the median, okay; and in 2 essentially all of those 24 percent of cases, moving their AWP 3 is going to lower the allowed amount because the AWP always falls when you use the transaction-based price.

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THE COURT: So you extrapolated that percentage.

THE WITNESS: Exactly. So basically I say 24, and let's say there's another 62 percent, so that's about two and a half claims where Abbott is above the median but not the median for every one. And the methodology, basically the assumption underlying the methodology is that that pattern holds in the remaining carriers, and it is --

THE COURT: How did you test that? Like, you could test the last one.

THE WITNESS: This, for example, with pulling in this new Medicaid data, it is --

THE COURT: How do you know if that's right, there are consistent patterns across the carriers?

THE WITNESS: Well, it is worth noting that the carriers are basically operating under the same CMS guidelines throughout this period, and it is true there's variation across the carriers.

THE COURT: There was some OIG report that talked about it, right? Or was that in a different context?

24 THE WITNESS: It may have been. Yes, maybe my mind is 25 getting tired now too.

this. For example, those six J-Codes initially, I don't extrapolate to them.

3 THE COURT: How many carriers did you have full data 4 for?

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THE WITNESS: Full data for? Well, for the entire eleven-year period?

THE COURT: I guess I asked that incorrectly. So let's assume -- how many carriers are there all together?

THE WITNESS: There are -- well, it depends to some extent on how you count them because there are multiple -- if you go back -- and I apologize for continuing to push your Honor from one table to another, but -- so if one goes to Table 35, this provides information. And do you have highlighted in yellow?

THE COURT: Yes.

THE WITNESS: So highlighted in yellow are the carriers for which I have array information, and in white are the ones for which I do not have array information.

THE COURT: So you probably have slightly less than half?

THE WITNESS: Slightly less than half, that's right, in terms of -- I'm just going to go to -- slightly less than half, that's right.

Q. Are some of the carriers listed multiple times?

A. That's right. So Connecticut General you can see is

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MR. LAVINE: That was a Medicaid issue.

THE COURT: That was Medicaid?

THE WITNESS: So the identifying assumption of this methodology is -- now, it's worth noting that this isn't information for just four or five carriers. This is information for -- actually, as you can see here listed, there are several.

THE COURT: So you average the pattern? THE WITNESS: Yes, I averaged the pattern across the time periods because it bounces around a fair amount from one period to the next. Things bounce with the Medicare somewhat more than with the Medicaid where it's all driven by the Abbott AWP. So essentially the methodology aggregates the information 13 from dozens of arrays. Now, it does it product by product, so J-Code by J-Code, but it aggregates the information because, for example, vanco tends to have a bigger difference because its disparity from the other ones tends to be larger than for sodium chloride. So it basically aggregates that information across many, many arrays, and essentially aggregates the information across those many, many arrays and uses, leverages all the information -- in the case of Connecticut General. 540,000 claims, a million claims for Wisconsin physician and so forth -- to estimate for the remaining claims.

Now, I should also note that in doing this, recall,

there are a whole number of things that I'm excluding from

listed in both the -- maybe that's the 7th line and the 8th

2 line. So there are some of the carrier numbers, like one 3

carrier, the Connecticut General arrays are used for 4 Carrier 54-40, for Carrier 55-35, and so forth. So this

5 overstates -- if you think about -- it depends on -- think 6 about the carriers in terms of their numbers, if this is the 7

right figure, if you think about it in terms of --

THE COURT: So if in any quarter you had too few carriers that you had data for, did you say, "I don't have enough to know a pattern"?

THE WITNESS: So it's certainly true that I dropped claims where the data did not suggest it would be appropriate to extrapolate, so certainly for those six J-Codes we talked about, but also extrapolating back in time, I -- so if we go back to the Table 43, you'll see that, for example, for Connecticut General, I only went back to early '95 because my scrutiny of the data for Connecticut General in the first four years of the period suggested to me -- I didn't see enough Abbott AWPs then, so I didn't extrapolate back during that period. And similarly, for those remaining carriers, I ignored the first part of the data set because, once again, the Abbott AWPs were less common in '91, '92 and so forth because I don have arrays in '91 and '92.

THE COURT: It sounds like you're making far more subjective judgments with respect the arrays than you really

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would of the Medicaid. In other words, what's enough to be a pattern, what isn't? Do I have enough data, don't I? And there's no way to test it.

THE WITNESS: Well, I think it's useful to sort of see how the difference-to-spending ratio differs between my sample and the population to which I'm extrapolating. So, first, in terms of the across-carrier extrapolation, so for those carrier J-Code quarter combinations where I have the array, if one looks there, the ratio of difference to spending is about 29 percent. Okay, it's lower than for Medicaid because of this thing we were talking about that went -- the median doesn't move as much as the AWP moves. So about 29 percent.

For those carriers to which I'm extrapolating, it's less than half that amount, so it's like 14 percent because I'm accounting -- I'm sort of scaling down by even more than our discussion a little while ago suggested to account for this difference in the data.

THE COURT: So if you have, guesstimate here, a hundred carriers here?

THE WITNESS: Ninety, I think there are.

THE COURT: Ninety, all right, ninety. If you had eighty carriers, you'd be able to see a pattern and

extrapolate. But what if you only had five carrier arrays?

Did you just sort of say, "I can't do that"? Am I understanding

25 this wrong?

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THE WITNESS: No, no, you're understanding it correctly. So I am essentially in this case aggregating information from multiple arrays for the same carrier. So the carriers definitely change. So Wisconsin Physician moved from having five products to seven products, added in new products, so they're changing all the time. So just as with Medicaid, the notion that it's 10 states only, that's not the way that I would phrase it because these arrays are constantly -- are being updated quite a lot over the time period. So the information that is included in the arrays, there's a lot of --there are many, many arrays. I don't have the number off the top of my head here, but there are dozens and dozens of arrays that I'm using to calculate this difference-to-spending ratio. And, you know, like I said, there's big variation within a carrier. And then I'm using the information for those arrays to extrapolate to this other group, which I recognize is, you know, having drilled down on it, they are somewhat different. And so this is, it's a harder -- I'll concede it's a harder exercise just because of the specifics of it. We're talking about arrays and so forth. But the carriers were all operating under sort of similar guidelines; and to the extent that they do differ somewhat, I'm really penalizing, I'm really cutting down that difference-to-spending ratio, whereas with

THE COURT: Is there any evidence that CMS actually

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went and surveyed and regulated the carriers? You say they're all under the CMS, and my impression from other litigation -- I've been doing this now for a decade -- is that CMS actually didn't do very much to survey the carriers, right? I mean, they may have kept track of the data, but they weren't policing them. Is that wrong? Do we have evidence to the contrary?

THE WITNESS: That's probably not my best --

THE COURT: All right. But I'm just saying, you keep saying they were supervised by the same group. They were like lone wolves, weren't they, each one doing their own thing?

THE WITNESS: Well, I think that there's some sense in which carriers look to one another to some extent.

THE COURT: Well, do you have evidence of that?

THE WITNESS: There are some cases where certain carriers that I analyzed eventually piggybacked on Wisconsin Physician Services, for example, so there is some evidence of this. But I will concede, there's no question, this was a harder exercise. And because of the -- I mean, I tried through a number of channels to be very conservative here; drop six products from the analysis, don't go back in time all the way to 1991 because there's not enough Abbott products, you know really scale down the difference going from my sample to the other group because it's clear that the Abbott AWP is being used less frequently there. And this, in my professional judgment, using all of my experience as an economist -- and,

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you know, I will admit this is a hard -- this is not --

THE COURT: This is a harder nut.

THE WITNESS: This is a harder nut to crack.

THE COURT: So if I were concerned about the whole thing you did, would at least the one quarter that are Abbott that are right at the median, would that be a subset that you felt confident with?

THE WITNESS: Absolutely, I mean, I think that at some level it seems plausible -- so I think it's 1.3 million claims in this other group of carriers that have an Abbott AWP as the allowed amount. And I'm sure that one can find an example where in one of those NDC quarter combinations, bot Abbott and Baxter had 10.03, like, there's a little bit of that, but it's certainly not the dominant thing going on, having looked myself at these arrays. But, absolutely, those are -- it is clear what's going on.

THE COURT: So for the one quarter where Abbott's was right at the J-Code, you would say it was an extremely accurate methodology, I think. With the others, you're saying you're doing the best you can, the most conservative you can with the data you have?

THE WITNESS: Absolutely. And it is my professional judgment that if I had perfect array data for all eleven products for all of these carriers over this entire period, the difference that would emerge from that analysis with perfect